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A CASE

OF

EXTRA UTERINE GESTATION,

OF THE

VENTRAL KIND.

[Price TWELVE SHILLINGS.]

A CASE

OF

EXTRA UTERINE GESTATION,

OF THE

VENTRAL KIND:

INCLUDING

THE SYMPTOMS OF THE PATIENT

FROM THE

EARLIEST PERIOD OF PREGNANCY TO THE TIME OF DEATH (FIFTEEN MONTHS);

WITH THE APPEARANCES UPON DISSECTION.

By WILLIAM TURNBULL, A.M. F.M.S.

SURGEON.

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1791.

A CASE, &c.

THE human body is originally ſtampt with a peculiar conformation, and alſo impreſſed with ſtrong propenſities and paſſions, principally in ſubſervience to thoſe two grand and firſt laws of creation—Self-preſervation and the generation of the ſpecies; theſe are more eſpecially diſtinguiſhable in the appetite of hunger, and the mutual attachment of the ſexes. Theſe laws are not only univerſal, but are alſo of a minutely extenſive nature, for they pervade the whole living body, ſince in every part it is endowed with a power both to reſiſt and to regenerate. The ſubject of the preſent hiſtory is an obvious illuſtration of the extent of this principle; for we have not merely an inſtance of nature's exertions for the renewal of the ſpecies, but likewiſe, on being counteracted, new reſources found out by her, to anſwer the ſame grand deſign; and we can venture to affirm, that no ſubject is better calculated to ſhew the accommodating powers of the animal machine, than theſe changes which take place in the parts concerned with the various inexplicable proceſſes of geſtation. For when we conſider, that the extremely ſmall dimenſions of the uterine cavity, the ſtill ſmaller capacities of the ovaria and fallopian tubes, being capable of ſo great an expanſion and dilatation, as to admit the progreſſive evolutions of the fœtus, from its atomic ſtate to the weight of ſeveral pounds, are circumſtances of equal aſtoniſhment, yet, beyond diſpute, are admitted as certain and neceſſary facts; and while theſe leave us in ſilent admiration at the ſtupendous effect, they lead us inſenſibly into a contemplation of the great Firſt Cauſe, whoſe incomprehenſible power and wiſdom, preſide univerſally over creation.

The veil of obſcurity which nature has ſo wiſely thrown over the myſterious work of conception, has, at various periods, been productive of theories as complicated, ſyſtems as replete with intricacies, as the operations which they were intended to develop. However this deficiency of knowledge will appear, if not unimportant, at leaſt not greatly to be regretted, when, on conſideration, it is found, that, unleſs in the article of curioſity, mankind would be but little benefited, and diſeaſes incident to them would receive, in all probability, no alleviation were we in poſſeſſion of the ſecret; for which reaſon this ſubject has been regarded and treated more as an abſtruſe exerciſe for the imagination, affording an ample field for ſpeculative and controverſial diſputations, than an uſeful or medical enquiry.

Nothing can give a ſtronger ſpecimen of the extraordinary exertions, and wonderful reſources of nature, in the production and preſervation of animals, than her operations in the occurrences of extra uterine impregnations.

Theſe extra uterine caſes may be conſidered as conſiſting of two kinds—1ſt, where the fœtus is found within ſome part of the genital organs; 2dly, where the ſituation of the fœtus is unconnected with them, or external, with regard to the organs of generation. The former of theſe caſes, it is evident, may take place in the ovaria and fallopian tubes; the latter in the cavity of the abdomen. But thoſe which happen in the former are not ſo remarkable, on many accounts, as thoſe in the latter ſituation; becauſe the fœtus is abundantly ſupplied with the ſame blood-veſſels as the uterus, and therefore it probably only requires a greater enlargement of theſe veſſels already exiſting to effect a communication; but, in the pure ventral conception, parts intended for different purpoſes are made to ſupply this. Fallopian and ovarian caſes only ſhew that parts intended for the purpoſe can perform it, but ventral demonſtrate, that parts formed for different ends, will alſo ſucceed.

Although it is generally underſtood that the uterus is eſſentially neceſſary for the purpoſes of conception, yet theſe different fœtations incline us to believe, that it is not abſolutely ſo, and that the principal or only advantages, which that organ poſſeſſes over other living parts, are derived from its ſituation and dilatable powers, and from its being poſſeſſed of a muſcular ſtructure

ture with an external opening; the former being admirably calculated for the purpoſes of growth and evolution, without any interference with the vital parts, and the latter for the prevention of hæmorrhages, and the expulſion of the fœtus.

From a careful peruſal and examination of the moſt approved authors * upon this ſubject, it appears by a variety of examples that impregnations in the ovaria and fallopian tubes are by no means to be conſidered as uncommon †.

The

* Extra uterine fœtations were not taken notice of before the beginning of the laſt century.

† Vide The Philoſophical Tranſactions of London. An. 1683. Vol. xiii. p. 285. An. 1698. Vol. xix. p. 314, 486, and 580. Vol. xx. p. 292. Vol. xxi. p. 121. An. 1700. Vol. xxii. p. 1000. An. 1704. Vol. xxiv. p. 2077. An. 1720. Vol. xxxi. p. 126. Vol. xxxii. p. 387. An. 1724. Vol. xxxiii. p. 171. An. 1727. Vol. xxxvi. p. 485. An. 1739. Vol. xli. p. 697. An. 1744. Vol. xliii. p. 304 and 529. An. 1746. Vol. xliv. p. 617. An. 1748. Vol. xlv. p. 121 and 131. An. 1751. Vol. xlvii. p. 92. Miſcellana. Natural. Curioſa; An. 1. Dec. 1. p. 255. An. 2. Dec. 11. p. 478. An. 4. Dec. 1. p. 76. —— Dec. 3. p. 167. An. 8. Dec. 11. p. 293. Memoires de l'Acad. de Sciences, An. 1709. Journal de Medicine, No. 1. Journal de Scavans. Tom. i. p. 134. —— Tom. v. p. 133. Ephemer. Act. Nat. Curioſ. Cent. 7. p. 24. Acta Erudit. Lipſ. An. 1706. p. 265. —— An. 1716. p. 526. —— An. 1718. p. 15. —— An. 1719. p. 343. —— An. 1720. p. 131. Acta Hoffminſia. Vol. v. p. 53. Zodiacus Medicus, Vol. i. Obſervat. 9. Commentar. Litterarum, Noremberg. An. 1732. Tho. Bartholine de Inſolitis partus Humani Viis. —— & Hiſtor. Anatom. Cent. 6. Epiſtol. Med. Cent. 4. Epiſt. 368. Caſpar. Bartholine de Ovar. Mulier. p. 36. Manget. Biblioth. Anatom. Andr. Ot. Goelicke Hiſtor. Chirurg. p. 186. Dan. Hoffman Annot. ad Hyp. Groeyan. p. 69. Theod. Craanen de Homine, p. 709. Joh. Riolanus, Anthrop. p. 180. Nicol. Vinetta de la Generat. de l'Homme, p. 428. Petr. Dionis des Accouchment, p. 93. Belloſte Chirurg. de l'Hoſpital. Dan. Men. Mathiæ. Obſervat. p. 106. Regn. de Graaf de Organis Mulier. p. 352. Iſbrand, de Diemerbroeck. Op. Anat. p. 135. M. Ern. Etmuller Epiſt. ad Ruſep de Ovar. &c. p. 4. Benj. Petermanus Obſervat. Medic. Cent. 2. p. 40. Ger. Blaſius Obſervat. Med. p. 66. Joh. Frid. Ortlob. Hiſtor. p. 275. Theoph. Bonetus Sepulchr. Anatom. p. 1367. Cyprianus de Hiſtor. Fœtus Humani ſalva matre ex Tuba exciſi. Stalp. Vander Wiel Obſ. rar. p. 320. Arnold. Senguerdius de Oſtento Dolano. Joh. Ben. Sinibald Geneanthropol. p. 1. Joh. Conr. Pyarus Exercitat. 16. ad Hardir. Medical Eſſays of Edinburgh. Smellie's Caſes and Obſervations; and London Medical Journal, Vol. viii. Part iv. Art. 1. A caſe of extra uterine fœtus, by Dr. Underwood. Art. 2. Obſervations on the ſame, and on ruptures of the uterus, by Dr. Garthſhore.—In this ſenſible and judicious paper, the Doctor has collected a number of hiſtories of ſuch caſes, with references to the reſpective authors from whom they were taken; but does not produce any inſtance of a true ventral conception in the remarks alluded to. A caſe of an ovarian fœtation has lately fell under the obſervation of Dr. Krohn at the

The references in the preceding note are replete with hiſtories of this kind, and of ruptures in the uterus. Many facts are adduced wherein the fœtus having eſcaped from ſome of theſe parts into the cavity of the abdomen, has remained in that ſituation for a number of years, and, in ſome inſtances, been retained during a long life, without any other inconvenience to the mother than the weight ariſing from the ſize of the infant. Theſe were ſometimes extracted or diſcharged in part, or entire, by abſceſſes forming in the integuments of the abdomen, or groin, and by the anus.

But the hiſtory of medicine furniſhes us with hardly an inſtance of a true ventral caſe, well authenticated from diſſection, wherein the impregnated ovum has been dropped, either from the ovary, or extremity of the fallopian tubes, into the belly of the female *, there procuring itſelf a reſidence and nouriſhment, and all this taking place without any other attachment to the uterus, or its appendages, than in common with the abdominal viſcera. Theſe laſt circumſtances have occurred in the caſe which affords the following obſervations.

I ſhall, therefore, proceed to lay before you the hiſtory of the ſymptoms from the earlieſt periods of pregnancy to the death of the patient,

Middleſex Hoſpital; this I have ſeen, but ſhall forbear taking any further notice of it, ſince I underſtand it is the Doctor's intention ſoon to bring it before the public.

In conſulting the preceding authorities I acknowledge myſelf much indebted to Dr. James Sims, the preſent worthy and learned Preſident of the Medical Society of London, for the uſe of his valuable library, which contains above 8000 volumes in medicine.

* It has been a queſtion—in what manner does the impregnated ovum find its way into the cavity of the belly? The general opinion is, that the ovum having been formed in the ovary, is afterwards detached from it in all viviparous animals in conſequence of the fruitful coitus, at the ſame time the fimbriated extremity of the fallopian tubes embraces the ovary, and ſo catches the ovum at the moment of detachment; therefore if the fallopian tube ſhould either not embrace it in the ovary, or, what is moſt probable, after having embraced, ſhould looſe its hold before the ſeparation of the ovum takes place, this laſt will neceſſarily fall into the cavity of the abdomen, where it is moſt likely to adhere. There is no difficulty in ſuppoſing how it ſhould adhere there, ſince we have reaſon to believe that the abdominal cavity is not more an extraneous one, with reſpect to the ovum, than the cavity of the uterus itſelf; or, perhaps, on the principle of two living parts coming together, they may unite in the ſame manner, as often occurs in various other parts of the body.

collected

collected from the concurrent teſtimony of Mr. Fitch and Mr. Hancock, medical practitioners, who both occaſionally attended the greateſt part of the time; and afterwards relate the appearances on diſſection, and cloſe with a few general obſervations.

HISTORY OF SYMPTOMS.

About the beginning of March, 1790, Mr. Fitch was ſent for by Mrs. Calvert (a woman about thirty-ſeven years of age, who reſided in the City Road), ſuppoſing that ſhe was arrived at or near her full period of pregnancy, and with a view of engaging his attendance.

On entering the room he could not refrain from expreſſing his aſtoniſhment at her appearance; ſhe was extenuated almoſt to a ſkeleton, and had a pallid ſickly countenance. On examining the abdomen he found it diſtended to an enormous degree, the ſkin of which exhibited a very livid appearance, tinged with a yellow hue. Her breaſts were of a painful hardneſs, and diſcharged a butyraceous fluid, which had a much nearer reſemblance to pus than milk; her eyes were deeply ſunk within their orbits, the pulſe quick and feeble.

On making enquiries relative to the miſerable and afflicted ſituation in which he found her, ſhe informed him, that ſhe had been four times pregnant, and ſuppoſed herſelf to be in the ſame ſtate again ever ſince the beginning of July, 1789 *. At this time violent pains began to attack her bowels, which increaſed with her pregnancy, and gradually affected her ſtomach; notwithſtanding her recourſe to various medical applications, with very ſhort intervals of eaſe, her pain ſtill continued. In February, about a month, before he was called in, ſhe had been ſeized with a moſt violent paroxyſm of pain, attended with a flooding; this ſhe ſuppoſed to be her labour, and ſent for her midwife; but before ſhe arrived ſomething was expelled from the

* It is worth remarking here, that ſhe never menſtruated during her pregnancy, until between two and three months preceding her death, then in a very ſmall quantity, and at irregular periods. This is a very uncommon event in extra-uterine impregnations.

uterus,

uterus, with the appearance of a placenta, and which the midwife, on examining, declared to be ſo. Before this occurrence ſhe had felt the child very diſtinctly moving, but never to any great degree afterwards; ſhe conſtantly complained, from the firſt time ſhe perceived its motions, that it laid very high up, and that ſhe had, in every reſpect, experienced very different ſenſations from thoſe which ſhe had uſually, in any former pregnancy.

The hæmorrhage continued about four weeks from the time of its firſt appearance, until Mr. Fitch came, but not with the ſame violence.

On examining her he found the os tincæ ſo very much dilated, that with great eaſe he introduced his three fingers into the cavity of the uterus, the internal ſurface of which was found very irregular. It is worthy of remark here, that the uterus took on a particular diſpoſition for action, about the uſual period of parturition.

The abdomen, particularly on the right ſide, diſcovered conſiderable hardneſs on touching it externally, and was much diſtended in the direction of the liver, particularly upwards, and much leſs towards the lower part. She was affected alternately with diarrhœa and conſtipation, accompanied with violent and frequent vomitings, and with a painful uneaſineſs on the right hypochondrium and region of the ſtomach, which laſt felt as if ſomething was continually puſhing it up. From theſe ſymptoms, and every circumſtance which he could diſcover, he imagined that a depoſition of coagulable lymph had taken place in the cavity of the abdomen, and that irritation had excited an extraordinary action in the veſſels of the uterus, for this reaſon he conſidered that maſs to be a coagulum of lymph, which the midwife had pronounced to be placenta.

From theſe ideas he acquainted the patient and her friends, that he did not imagine her to be pregnant; and communicated his ſentiments reſpecting her ſituation, and the means moſt likely to alleviate her ſufferings:—with this view he employed ſuch medicines as would tend to promote abſorption, and began firſt by adminiſtering an emetic, and then in a day or two afterwards an active cathartic, which ſhe bore very well, notwithſtanding her emaciated ſtate, and expreſſed herſelf conſiderably relieved by theſe evacuations.

After

After theſe remedies he proceeded to uſe gentle mercurial frictions, at the ſame time giving ſmall doſes of calomel and opium: after purſuing this plan about a fortnight, he had the happineſs of ſeeing his patient very much recovered.

The abdomen on the left ſide was much leſſened; the livid complexion greatly changed, the diſcharge of blood had entirely diſappeared, and the pulſe had become fuller, ſtronger, and more regular. From ſo conſiderable an amendment, and ſuch a happy change in the ſymptoms, he flattered himſelf that the cauſe producing irritation was much diminiſhed. Soon after this he was obliged to deſiſt from the mercurial courſe, on account of a ptyaliſm ſupervening. She complained, at this period, of a painful tumour on the right breaſt, that afterwards ſuppurated and formed a very large abſceſs, which was opened and diſcharged a conſiderable quantity of matter. In every other reſpect his patient was aſtoniſhingly recovered; the abdomen on the left ſide was reduced nearly to its natural ſize, and the right alſo much diminiſhed; the livid yellow complexion nearly removed, and a more healthy florid one ſucceeded; the ſtomach too was conſiderably relieved, the ſickneſs as well as vomiting nearly ſubſided, and the appetite and ſtrength very much reſtored.

Upon the whole, ſhe was ſo far recovered as to diſcharge the nurſe and follow her domeſtic employments, but ſtill at times complained of a painful uneaſineſs on the right ſide; alſo frequently inſiſted upon her being pregnant, and that the child lay dead within her; and propoſed queſtions relative to the poſſibility of opening her body, and removing the child.

Throughout the whole time of Mr. Fitch's attendance (which was between three and four months) he was compelled to have frequent recourſe to warm aperients to obviate that coſtiveneſs and flatulency which had been exceedingly troubleſome to her.

She had now ſo much recovered as to diſpenſe with further medical attendance *, and continued in a ſtate of convaleſcence for about ſix weeks,

* In conſequence of this conſiderable amendment, Mr. Fitch ceaſed from viſiting her, after an attendance from March to the June following; and from the latter month until the middle of Auguſt ſhe enjoyed, as it is obſerved, a tolerable good ſtate of health.

and

and till within a month of her diſſolution, when all the ſymptoms returning, Mr. Hancock was ſent for (who had occaſionally ſeen her in the firſt periods of geſtation); he coincided with Mr. Fitch in reſpect to her ſituation, purſued a ſimilar treatment, and is acquainted with all the circumſtances related in this hiſtory.

He informed me, that during the laſt ten days of her exiſtence, the diarrhœa had entirely ceaſed, and was ſucceeded by ſuch an obſtinate conſtipation, as to reſiſt every remedy that was employed to remove it: ſhe continued without any natural paſſage, and the excrements were voided by the mouth. She complained of much pain in the head, and in the inteſtines, extending to the left groin; the pulſe became ſmall, quick, and irregular, attended with ſingultus, vomitings, and other ſymptoms of exceſſive irritation, which continued to increaſe until Friday the tenth of September, when death happily relieved her from a complicated ſtate of miſery.

APPEARANCES ON DISSECTION.

On Sunday, the 12th of September (two days ſucceeding her diſſolution), I was called in by Mr. Hancock, and Mr. Kannen, another medical practitioner, to examine the body. On applying my hand to the parietes of the abdomen, I perceived ſuch a large, hard, ſpherical body, ſituated contiguous to the liver, as made me conjecture that it was ſomething more than a ſchirroſity of that viſcus. This enlargement felt very regular, and was incapable of compreſſion.

On making an opening into the abdomen, by beginning an inciſion from the cartilago enſiformis, continuing it in a ſtraight line to the ſymphyſis of the pubes; and thus laying open the abdomen, the ſituation and appearances of the fœtus and abdominal contents were as follow.——In the right hypochondrium the fœtus was ſeated nearly in an erect poſture, the back part of its head covered by the edge of the concave ſide of the liver, puſhing it up towards the diaphragm *. The arms were bent upwards with the hands clinched and compreſſing the features of the face, which was directed obliquely towards the umbilicus of the mother †. The fœtus was ſo completely

* Pl. 1, A.

† Pl. 1, B B.

immured

immured among the inteſtines, that no other parts were perceptible but the head and hands. The convolutions of the ſmall inteſtines ſurrounded the neck of the infant in ſuch a manner as to form a kind of *ruff* *. The placenta was ſo extremely delicate and poſſeſſed ſo little of its natural characteriſtics, that, at firſt view, I conceived it to be a thin membranous ſubſtance, formed by an exudation from the ſurface of the bowels in conſequence of inflammation †, an effect that not uncommonly happens from that cauſe. This membrane, in which the veſſels were exceedingly ſmall (ſo as to render the tracing of them with the knife impracticable), did not exceed in thickneſs, one tenth of an inch, was ruptured at that part where the child's head appeared, and ſent off filaments from its reflected portions, to the peritoneum, ſtomach, liver, inteſtines, meſentery, meſo-colon, and to the abdominal parietes.

At the inferior part of this membrane there were two pouches ‡, about three inches diſtant from each other, which led to, and were ſuperficially connected with, a tumour, of which I ſhall preſently have occaſion to take notice. The inteſtines, which exhibited rather a livid appearance, were exceedingly diſtended with air, and their blood-veſſels turgid and full; in every reſpect they diſcovered the preſence of much inflammation.

A tumour, the ſize of a large orange, of a flattened pyriform figur §, was ſituated in the cavity of the pelvis immediately poſterior to the bladder, occupying the ſeat of the uterus, and entirely covering and diſplacing it in ſuch a manner, as led us to conclude it was that organ, until farther inſpection proved it to be, neither the uterus, or a diſeaſed ovarium, but a ſubſtance compoſed of innumerable cells, varying from the ſize of a pea, to that of a ſmall hazel nut, attached to the broad ligament of the left ſide.

This body received alſo a few fibres of the placenta in common with other parts. Some who ſaw this preparation have ſuggeſted, that this parenchymatous tumour, has been intended to anſwer the purpoſe of the maternal portion of the placenta, but I confeſs my difference of opinion from thoſe who imagine ſo; if this had been the caſe, there would have been ſome particular vaſcular medium, or connection, between it and the funis umbilicalis, which we have not been able to diſcover.

Having preſented to you the real appearances which the fœtus, and

* Pl. 1, H H H. † Pl. 2, E E. ‡ Pl. 2, F F. § Pl. 1, F. Pl. 2, G.

abdominal

abdominal contents diſcovered on removing the integuments, I ſhall proceed to ſtate what appeared, upon a more minute examination of their relative ſituation, and connexions.

I found a conſiderable difficulty on attempting to remove the child from the cavity, which it had fortuitouſly formed among the inteſtines of the right ſide, which ſo completely fitted, and ſo cloſely applied to its body, as to occaſion the great reſiſtance which I experienced in removing it from this ſituation.

This cavity contained no fluid of any kind, was lined by, and received a poliſh from, the ſacculus or placenta, which ſeemed to originate from this part, and ſent off fimbriated portions, in the manner before mentioned, to a great part of the viſceral contents of the abdomen.

The fœtus was a female, full grown, perfectly formed, and as well nouriſhed as the healthieſt child at that period; but, according to the firſt ſymptoms of pregnancy, it was ſuppoſed to have remained in this ſituation fifteen months.

The whole body was compreſſed into numerous large folds *, and covered with a bilious incruſtation, which it received from its proximity to the gall-bladder. The legs were bent backwards upon the nates and thighs, the latter drawn up towards its belly, and reſted upon the arch of the colon, where it runs towards the liver and beneath the veſſicula fellis, having diſplaced the other inteſtines, and preſſing them in various directions. The funis umbilicalis †, which meaſured ten inches in length, was of the uſual thickneſs, until it arrived within two inches or leſs of its attachment to the placenta, where it ſuddenly became ſo ſlender as not to exceed a ſmall crow-quill in diameter, and paſſed between thoſe convolutions of the colon, and meſo-colon which were contiguous to it; at this place the veſſels of the funis were expanded, and loſt upon their ſurface ‡. The colon had ſeveral ruptures in that part where the infant was ſeated.

The ſtomach, kidneys, and liver, were nearly in a natural ſtate; the cellular ſubſtance, however, of the latter and of the right kidney was in a

* Pl. 2, A. † Pl. 2, C.

‡ The fœtus muſt have neceſſarily been ſupported by blood from the veſſels of the meſo-colon; for thoſe of the umbilical cord ran into, and anaſtomoſed with the veſſels, of that part.

ſmall

ſmall degree condenſed by compreſſion from the fœtus, which alſo had puſhed the liver up towards the diaphragm, and the kidney of the ſame ſide towards the bladder.

Having now fully examined the parts, and with the greateſt caution avoided deranging them, from a ſolicitude that my other medical friends might have an opportunity of bearing teſtimony to this extraordinary and almoſt unequalled occurrence*, I now replaced them in their former ſituation; and by

* The one which bears the ſtrongeſt analogy to this, of any I have met with, fell under the care of the late Mr. Clarke, a practitioner of great eminence in Northamptonſhire, the father of my worthy and ingenious friend Dr. Clarke, teacher of midwifery in London, who favoured me with the following hiſtory.

" Some years ago my father was ſent for to attend a woman, who, after the uſual time of nine " months, was ſeized with the pains of labour. She had paſſed through her pregnancy without any " remarkable ſymptoms which might lead to a knowledge of her ſituation, and was of the uſual bulk " of a woman at the full time. Upon examination he found the os uteri very high up, and not in " the ſmalleſt degree dilated, although there were alternate attacks and remiſſions of pain; he " therefore conſidered they muſt be owing to ſome irritation, and, having ordered for her what he " thought proper, left her. At this time the child could be felt through the parietes of the abdomen. " He was not called to her again until after the ſpace of eight days, during which time ſhe had " conſtantly been in pain; the os uteri ſtill continued in the ſame rigid ſtate. This led him to " make a more particular examination of the caſe than he had done before, when he could diſtinctly " feel that the cervix was of the ſame length as in an unimpregnated uterus, and thought that he " could diſtinguiſh the uterus not enlarged. Laying all theſe things together he was perſuaded that " the child muſt be extra uterine. He was induced from the importance of the caſe to have a " conſultation, and accordingly ſent for a Mr. Mansfield, a very eminent ſurgeon and man-" midwife at Thrapſton in Northamptonſhire.

" The woman being conſiderably exhauſted by the long continuance of the pains, and the child " being probably alive, it was determined to cut into the belly, as the only means of delivering the " child, or preſerving the mother. An inciſion was accordingly made into the abdomen, on the ſide " where the child lay, juſt enough to extract it. Unfortunately the child was found dead.

" The child being taken away, the placenta was found adhering generally to the kidneys, inteſtines, " &c. it was agreed that it ſhould alſo be brought away, which was done.

" The woman, who had already loſt much blood during the operation, loſt more on the delivery of " the placenta, and, weakened by the diſcharge, ſhe died in about four hours after the operation.

" Indeed it ſeems hardly poſſible, that, under theſe circumſtances, a woman can recover, becauſe, if " the placenta be brought away, ſhe muſt almoſt inevitably fall a ſacrifice to the conſequent flooding; " and, if the placenta be left behind, we are warranted by experience to expect that ſuch a maſs of " dead matter remaining in the cavity of the abdomen can hardly fail to produce the worſt effects."

Several

by a requeſt to the huſband, who poſſeſſed a mind ſuperior to common prejudice, I readily obtained leave to introduce on the following day, my friends Drs. Fox, Clarke, and Turnbull, Mr. Orange and Mr. Pole, with ſome other profeſſional men. The laſt of thoſe gentlemen, an ingenious ſurgeon *, politely offered to take drawings of the parts, which he afterwards did in a variety of ſituations. And for this inſtance of friendſhip I preſented him with the preparation, to add to his valuable and curious collection. In the preſence of the before-mentioned gentlemen I proceeded to a ſecond expoſure of the abdomen, and, upon re-examination, the parts were found exactly to agree with the former deſcription, both in reſpect to ſituation and connexion. On removing the contents of the cavity of the pelvis, the tumour which, on the firſt examination, was thought to be the uterus, by further inſpection was found to be that cellular ſubſtance, of which, I have had repeated occaſion to take notice.

The uterus was ſituated in the long axis of the ſuperior aperture of the pelvis, immediately under, and covered by the tumour, with its fundus directed obliquely downwards to the ſacro-ſciatic ligaments; the os tincæ was raiſed towards the left ſide; the uterus laying acroſs the pelvis in ſuch a direction, that the left ſide of its body occupied the natural ſeat of the

Several other very uſeful remarks were ſent me by the above gentleman on this caſe, but I am ſorry that the length of theſe obſervations already prevents me from inſerting them.

It is to be regretted that no opportunity was allowed after death of examining the body; upon this account it is difficult to aſcertain whether the caſe was ventral, ovarial, tubal, or whether the fœtus had eſcaped into the cavity from a rupture of the uterus. Of this dubitable nature may be ranked the caſe mentioned by Jean Joſeph Courtial, in his Nouvelles Obſervations Anatomiques ſur les Oſ. Obſ. 10, p. 86; likewiſe that related by Dr. Denman †, and communicated to him by the late profeſſor Hamilton of Glaſgow.

* A gentleman well verſed in anatomical purſuits, whoſe elegant collection of anatomical drawings, models, and preparations, evince an induſtry and ingenuity ſuperior to the generality of men, engaged in that branch of ſcience, and who has lately publiſhed a valuable work upon the art of preparing and preſerving the different parts of the human body, and of quadrupeds, including a treatiſe on modelling from the dead and living ſubject, illuſtrated with a variety of copper plates. A work hitherto much wanted in the ſchools of anatomy, and upon which ſubjects nothing comprehenſive nor ſyſtematic had been before publiſhed.

† *Vide* Denman's collection of engravings.

fundus,

fundus, and was of its uſual unimpregnated ſize *. On making an opening into its cavity ſome days after, in the preſence of Drs. Garthſhore, Lowther, Bailie, and Coombe, and Mr. Cline, Haighton, Pole, Cowper, &c. no tunica decidua could be diſcovered. The verge of the os tincæ † was rather fuller and larger than common, although it was agreed by every one preſent not morbidly. The ovaria ‡ on both ſides were very diſtinct, and the right one was puſhed down conſiderably into the cavity of the pelvis by the obliquity of the uterus. The corpus luteum was found in the left ovarium, which, together with the fallopian tube of the ſame ſide, took a poſterior direction along the ſurface of the tumour §, to which they had but a very ſlight attachment.

OBSERVATIONS.

Having given as clear and accurate a relation of the hiſtory of the ſymptoms, as could be collected from the gentlemen who attended, together with the appearances on diſſection, I ſhall beg leave to add a few remarks, and point out thoſe phænomena that may aſſiſt in forming ſome diſtinguiſhing criteria to aſcertain the uterine from extra uterine geſtation.

The appearances on diſſection furniſh us with clear conceptions, of the ſufferings of the poor woman, during her tedious and painful pregnancy. Some portions of the inteſtines being puſhed down, and others preſſed in different directions, account for thoſe violent pains which attacked her bowels, during the firſt ſtages of geſtation, and which gradually affected the ſtomach, and produced the ſenſation of ſomething continually puſhing up that viſcus; and likewiſe ſatisfactorily account for the alternate diarrhœas, and obſtinate conſtipations, accompanied with violent and almoſt conſtant vomitings, of which ſhe ſo often complained.

The diſtended and inflated ſtate of the inteſtines, with general compreſſion of the viſcera, gradually increaſing to a great degree, on parts ſo extremely ſenſible, and poſſeſſed of excited irritability, nothing leſs was to be expected, than a derangement of their œconomy, and a perverſion of their natural functions.

* Pl. 3, G. † Pl. 3, H. ‡ Pl. 3, L M. § Pl. 3, I.

The

The hæmorrhagy from the uterus, which occurred in the eighth, and continued until the ninth month of her pregnancy, and alſo that organ being ſo much enlarged, and the os tincæ ſo greatly dilated as to admit the introduction of three fingers, are circumſtances in this, as well as in every other ſpecies of extra uterine impregnations, that may be regarded as uncommon. For, admitting it to be, the generally received opinion, that the uterus, in thoſe caſes, ſuffers an enlargement nearly in the ſame proportion as if the fœtus and involucra were contained within it, yet commonly the os internum remains as cloſe and contracted, as in the unimpregnated ſtate *.

The increaſed bulk of the uterus from direct communication and the natural ſympathy of parts may therefore be expected in ovarian and tubal caſes, but not ſo much in the ventral conception, although it happened in this inſtance. Since in the latter there is no immediate connexion with the genital ſyſtem, nor alteration in the ſtructure of the womb to be expected, from a want of an immediate or particular connexion and natural ſympathy, ſimilar to the other caſes.

It has been obſerved that the colon, near the part where the fœtus was ſituated, had ſeveral ulcerated apertures.—Do not theſe ulcerations indicate that Nature was beginning a work for the removal of this extraneous body, and that the very operation to produce this effect (in which ſhe failed) was the cauſe of the woman's death?

This ſuggeſtion is further ſtrengthened by the conſiderable marks of inflammation that were apparent in the inteſtines and peritoneum. Had theſe ulcerations of the colon been ſubſequent to the diſſolution of the fœtus, Nature probably might have ſucceeded in her attempts, by removing the child piecemeal through the medium of the rectum, or by abceſſes forming in the abdomen; and although this operation might have taken up for its accom-

* There are ſeveral inſtances of this increaſed ſize of the uterus, without its containing the ovum, ariſing from the additional quantity of fluids tranſmitted to it. In the ovarian caſe at the Middleſex Hoſpital, the uterus was conſiderably enlarged. Boehmerus, in his Obſervat. Anatom. Rarior. was the firſt (and not Dr. Wm. Hunter, as has been erroneouſly conceived) who obſerved that although the fœtus be extra uterine, yet the cavity of the uterus ſuffers thoſe peculiar changes which render it fit for the reception of the ovum.

pliſhment

pliſhment a ſeries of years, yet, at laſt, ſhe might have ſurvived a complete evacuation of the fœtal parts.

Several examples in illuſtration of this, have been quoted in a former part of this hiſtory *; and many caſes recorded where the infant has burſt either from the ovaria, the fallopian tubes, or from ruptured uteri, has fallen into the cavity of the abdomen, and remained there for a number of years, being at laſt diſcharged by the inteſtines, or by abſceſſes.

The diſcoloured ſkin changing to a more natural and healthy appearance, the ſubſidence of the pain in the ſtomach and bowels, the return of ſtrength and appetite, and the diminiſhed volume of the abdomen, particularly the latter after the adminiſtration of mercury, incline us to believe, that there muſt have been a conſiderable quantity of fluid in the ſacculus, containing the child, which by theſe means had been abſorbed †. The collection of matter in the right breaſt, at the time of a ptyaliſm from the mercurial courſe, was ſubſequent to the formation of that purulent fluid, which was diſcharged from the nipples of both breaſts.

It were much to be wiſhed that we could point out ſome leading criteria to enable us to diſtinguiſh accurately when the child is contained within the abdomen; although this is hardly to be expected from a ſingle caſe, I ſhall mention what has occurred to me upon the diagnoſis.

Notwithſtanding there is ſuppoſed to be three different ſpecies of extra uterine conceptions, the ſymptoms and effects reſulting from theſe, are nearly ſimilar to thoſe, which occur in ordinary pregnancy; hence it becomes a very difficult matter to diſtinguiſh between them; particularly before the fourth or fifth month, ſince the motions of the child are not commonly felt before theſe periods; afterward, it may be more readily diſcovered, eſpecially if attended at the ſame time with ſymptoms, which are not common in natural geſtation.

We are informed by authors that, in conceptions of the ovaria and fallopian tubes, the menſtrua are obſtructed, but that in pure ventral caſes they

* Vide Note, p. 7.

† While this circumſtance proves that water had exiſted within the bag, at the ſame time it evinces the eminent and well known powers which mercury poſſeſſes in producing abſorption, and exciting an increaſed action in that ſyſtem of veſſels.

are

are not, but will rather appear at regular periods, as in the unimpregnated ſtate; and alſo that in the latter the ſtomach is not affected with ſickneſs or vomiting, neither are the breaſts excited by the natural ſympathy to ſecrete milk; although in the former caſes, that fluid is generally ſecreted in the ſame proportion as in the uterine impregnation.

If fœtation occurs either in the ovaria, or in the fallopian tubes, I ſuſpect a part of the abdomen only will be tumefied, that which inclines towards the ileum, rather than the hypogaſtric region, and the ſwelling in ſuch caſes is moſt to be depended upon in the early months of pregnancy, ſince at that time it is confined to one ſide, and cannot poſſibly extend to the other. But, in the more advanced ſtages, this is not ſo evident, becauſe of the ovaria and fallopian tubes being incapable of admitting of further dilatation after the fourth or ſixth month *, the parts conſequently give way to the bulk and preſſure of the infant, and it falls thence into the cavity of the abdomen, where it ſoon periſhes, and becomes hard or putrid. But if the child is formed and developed within the abdomen, the circumſcribed elevation will be chiefly confined to the umbilical, or to one of the hypochondriac regions, as in the foregoing caſe it was laying in the right. In this ſituation of the fœtus, it will naturally follow, that the mother will complain of pain, an unuſual weight, and general uneaſineſs throughout the whole abdomen.

Theſe ſymptoms may be expected to ſucceed when its offices are impeded and diſturbed by the preſence of a foreign body, whoſe motions will be more extenſive and leſs conſtrained than in ovarian and tubal caſes, where the ſituation of the child, on the contrary, is conſiderably more limited and confined; and we ſhall likewiſe be able to judge by its limbs and parts being more readily diſtinguiſhed through the abdominal covering. But the moſt certain diagnoſtic will be at the end of the period of natural geſtation, when pains appear without being felt at the bottom of the loins, or bearing towards the anus, and without regularity or duration; the os tincæ moſt probably remaining undilated, and the membranes not preſenting with the abſence of the other uſual ſymptoms of labour.

* Inſtances are recorded where the fœtus has been contained in the ovaria and fallopian tubes till the full period of geſtation. But theſe are extremely uncommon. Vide Haller, Le Roux obſervat: ſur les Parties de Sang, & Baudoloque l'Art de Accouchment.

After

After having diſcovered that the child is lying in the cavity of the abdomen, would it be more adviſable to leave the work ſolely to Nature, or to attempt delivery by inciſion, and extracting the fœtus before Nature has made efforts to relieve herſelf? Inſtances may occur where the former plan will be preferable, and others, where the mother would have no chance of ſurviving without an operation. It would always be improper to attempt an operation of this conſequence, whilſt there are no dangerous ſymptoms, ſince caſes are recorded, where patients have continued in that ſituation from twenty to forty years, without ſuffering much pain or inconvenience. On the other hand, when the pain is exceſſive, the preſſure and gravitation of the infant become grievous; a ſmall, quick, irregular pulſe, reſtleſſneſs, other ſigns of great irritation, and jaundice, ſupervening, there can be no hopes of recovery without an operation, which certainly is calculated to give a chance to both mother and child. The diſagreeable, and too often fatal effects, attending the Cæſarian ſection *, and the dread of a profuſe hæmorrhagy following the ſeparation of the placenta from parts not capable of contracting, has intimidated thoſe, who have met with extra uterine caſes, from performing the operation †.

For performing the operation there is a period of neceſſity, and another of election; the firſt of theſe I have juſt been adverting to, as being obliged to have recourſe to when the ſymptoms aſſume an alarming appearance, and the latter applies to that period where Nature makes ſome efforts for the expulſion of the fœtal parts by abſceſſes forming in the abdomen. Theſe laſt generally preſage favourable conſequences to an operation, which is not much more than an anticipation of that wound which would be formed by an abſceſs.

* Although the Cæſarian ſection is a dangerous operation, and has not been accompanied with the ſame fortunate iſſue in Great Britain as upon the continent, ſtill a ſimple inciſion through the parietes of the abdomen is by no means of ſuch ſerious conſequence, as when we are obliged to make another, into the ſubſtance of the uterus, and expoſing a ſecond cavity to the action of the atmoſpheric air. It is more than probable, that greater miſchief is produced in theſe operations from the admiſſion of this fluid, than the mere diviſion of parts.

† Dr. Clarke's caſe, which I have related, is an inſtance of the great danger of thoſe hæmorrhages.

It may be argued againſt extracting the after-birth, that the danger is by no means equal to the riſk which the woman muſt be expoſed to, if it is permitted to remain and to detach itſelf. Since death muſt neceſſarily follow, from ſuppuration and gangrene taking place upon the ſpontaneous ſeparation, therefore its extraction along with the child ought always to be attempted. On the contrary, my firm opinion is, that the ſeparation and expulſion of the placenta ſhould always be left to Nature, for the extraction will be generally fatal from the hæmorrhagy following it, beſides the firm and extenſive adheſions which it frequently forms with a part, or the whole of the viſceral contents (as happened in the caſe of Mrs. Calvert, where it adhered univerſally to the abdomen, and almoſt every contained viſcus), would render its removal totally impracticable to the operator, and highly dangerous to the patient.

When it is found neceſſary to have recourſe to the operation, I ſhould propoſe it to be performed after the following manner: viz. a longitudinal inciſion ſhould be made in the direction of the abdominal tumor, beginning ſuperiorly at the moſt prominent part, and not continuing it far until the ſituation of the child be diſcovered; becauſe, as has occurred in the preſent caſe, the head may immediately preſent, and the child be readily extracted without a very large inciſion. It is hardly neceſſary to obſerve, that we would always divide the lateral or the muſcular, in preference to the middle or tendinous part, of the abdominal covering. After having made a ſufficient aperture, the child ſhould be removed by ſlow and cautious means, afterwards dividing and tying the umbilical cord as in a natural labour, and leaving the maternal part of it hanging out of the wound, which may be daily pulled at, in a gentle manner, until the placenta ſhall be gradually ſeparated, by which means the external wound will be prevented from healing until the time that the placenta, or every detached portion of it, can be removed *, and which alſo will afford an opportunity of uſing emollient

* I have not as yet experienced any miſchief from allowing the placenta to remain in uterine caſes; but I have often been a witneſs to much injury being done, in precipitating its expulſion by the raſh introduction of the hand for the purpoſe of tearing and extracting this ſubſtance from the extremely tender and irritable interior ſurface of the uterus. It is a ſtanding and invariable rule with me, and a wiſh

emollient and other injections, as relaxants, and to keep the cavity free from putrid and other extraneous matter.

Thus, while I have endeavoured to lay before you the hiſtory of this uncommon caſe, I am not inſenſible of the many inaccuracies with which it in every page abounds, yet I truſt that ſame liberal conduct, that ſame candid diſpoſition, which have always in an eminent degree actuated the minds of thoſe Gentlemen who compoſe the Medical Society of London, will now operate in framing an apology for theſe deficiences, and accept it as a mark of eſteem, and as a recital of facts authenticated by many of its members, and others of the firſt profeſſional reputation *.

wiſh I expreſſed to the midwives employed in the EASTERN DISPENSARY, that they ſhould uſe the gentleſt efforts in delivering the after-birth; if theſe did not ſucceed, to leave its ſeparation to nature. And in the courſe of the five years I have been ſurgeon to that inſtitution there has not been a leſs number than 1500 women delivered, and I can honeſtly declare, during that period, neither in private nor public practice, have I experienced any inconvenience from its retention; although in ſome inſtances it has been retained two, three, or even four days, before it has entirely been expelled.

* Doctors Lettſome, James Sims, Saunders, Oſborne, and Marſhall, Meſſrs. Hunter, Cruikſhanks, Blizard, &c.

THE END.

EXPLANATION OF THE PLATES.

PLATE I.

Repreſenting, in nearly a ſide view, the appearances which preſented upon firſt opening the body of the woman, with the child in ſitu.

A The head of the child above the convolutions of the inteſtines.

B B The hands of the child placed over its face.

C A portion of the liver.

D The ſtomach.

E The omentum.

F The tumour ſituated in the broad ligament on the left ſide of the womb.

G The urinary bladder.

H H H H H H H H H H H H Various convolutions of the inteſtines.

PLATE II.

Nearly a front view of the body, ſhowing the fœtus removed from its natural ſituation, exhibiting the internal ſurface of the ſacculus which contained it, &c.

A The right ſide of the fœtus, with large folds in the back and ſide, ariſing from preſſure of the ſurrounding viſcera.

B The back part of the head, preſſed into folds in the ſame manner as the back.

C The funis.

D The termination of the funis in the ſacculus, near the part where it was ruptured.

E E The ſacculus, or placenta, which contained the fœtus, and was ruptured previous to the body being opened.

F F The blind pouches in the middle of the ſacculus.

G The tumour in the broad ligament on the left ſide, appearing like a contracted uterus after delivery.

H The urinary bladder.

I Symphyſis pubis.

K K K K K K Various convolutions of the inteſtines.

L The liver.

M The ſtomach.

N The omentum.

PLATE III.

Shows (upon a larger ſcale) the left ſide of the fœtus, with a poſterior view of the organs of generation, and other parts concerned, as they are preſerved in the Muſeum of T. Pole.

A The child compreſſed in numerous folds.

B A large depreſſion made by the child's arm.

C A large projecting ridge in the ſcalp, occaſioned by preſſure.

D D The funis.

E The ſole of the left foot turned outwards.

F The ſole of the right foot turned toward the left.

G The womb of its natural ſize.

H The mouth of the womb rather enlarged.

I The right Fallopian tube.

K The left Fallopian tube.

L The right ovarium.

M The left ovarium.

N The right round ligament.

O The left round ligament.

P The vagina.

Q The clitoris.

R R Nymphæ.

S The orifice of the urethra.

T Part of the urinary bladder.

V V The large tumour in the broad ligament.

W W The poſterior ſurface of the ſac, or placenta, giving off vaſcular filaments to the abdominal viſcera in general, as a medium of connection for the ſupport of the child.

X X X Convolutions of the colon, to which the ſac, or placenta, was attached, together with the meſocolon.

Y A portion of the meſentery, from which the inteſtines are removed, in order to ſhew the poſterior ſurface of the ſacculus.